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4-25-01



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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. VNUS-57470

First Inventor or Application Identifier Goldman, et al.

Title METHOD AND APPARATUS FOR APPLYING ENERGY...

| Offiny for field | Vitoriprovisional applications under 37 C.F.R. § 1.55(b)) Expre  | 00 Wall 2000 No. EL 737099341 US  |
|------------------|--|---|
| See MPEP o       | APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.   | ASSISTANT Commissioner for Patents  ADDRESS TO: Box Patent Application Washington, DC 20231   |
|                  | Fee Transmittal Form (e.g., PTO/SB/17)  Submit an original and a duplicate for fee processing)  Specification [Total Pages 30]   | Microfiche Computer Program (Appendix)     Nucleotide and/or Amino Acid Sequence Submission   |
| -                | preferred arrangement set forth below)  Descriptive title of the Invention  Cross References to Related Applications   | (if applicable, all necessary)  a. Computer Readable Copy   |
| -                | Statement Regarding Fed sponsored R & D  | b. Paper Copy (identical to computer copy)  |
| 1                | Reference to Microfiche Appendix   | c. Statement verifying identity of above copies   |
|                  | Background of the Invention  | ACCOMPANYING APPLICATION PARTS  |
|                  | Brief Summary of the Invention Brief Description of the Drawings (if filed)  | 7. Assignment Papers (cover sheet & document(s))  |
|                  | Detailed Description   | 8. 37 C.F.R.§3.73(b) Statement Power of   |
|                  | Claim(s)   | (when there is an assignee) Attorney  |
| l                | Abstract of the Disclosure   | 9. English Translation Document (if applicable)   |
| 3. X C           | Drawing(s) (35 U.S.C. 113) [Total Sheets 6 ]   | 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations   |
| 4. Oath or       | r Declaration [Total Pages ]   | 11. X Preliminary Amendment   |
| а. [             | Newly executed (original or copy)  | 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  |
| b.               | Copy from a prior application (37 C.F.R. § 1.63(c) (for continuation/divisional with Box 16 completed)   | Statement filed in prior application  |
|                  | i. DELETION OF INVENTOR(S)   | (PTO/SB/09-12) Status sun proper and desired  |
|                  | " Signed statement attached deleting inventor(s) named in the prior application,   | 14. Certified Copy of Priority Document(s) (if foreign priority is claimed)   |
|                  | see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).   | 15. Other:  |
| FEES, A SA       | <u>R ITEMS 1 &amp; 13</u> IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY<br>MALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT<br>LED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). |   |
| 16. If a C       | ONTINUING APPLICATION, check appropriate box, and si   | upply the requisite information below and in a preliminary amendment:   |
|                  | Continuation X Divisional Continuation-in-part (C  |   |
|                  | application information: Examiner R. Kearney   | Group / Art Unit: 3739  |
| under Box        | 4b, is considered a part of the disclosure of the accompany  | of the prior application, from which an oath or declaration is supplied<br>/ing continuation or divisional application and is hereby hcorporated by |
| reference.       |  | has been inadvertently omitted from the submitted application parts.  |
|                  | 17. CORRESPONDE  | NCE ADDRESS   |
| Custo            | omer Number or Bar Code Labe I (Insert Customer No. or Atta  | Correspondence address below  |
| Name             | FULWIDER PATTON LEE & UTECHT, LL   |   |
|                  |  |   |
| Address          | Howard Hughes Center, 6060 Center Drive  |   |
| City             | Tog America  | California 70 Code 1000 45  |
| City<br>Country  |  | California         Zip Code         90045           (310) 824-5555         Fax         (310) 824-9696   |
| Country          | US Telephone   | (310) 824-5555 Fax (310) 824-9696   |
| Name             | (Print/Type) James Juo /   | Registration No. (Attorney/Agent) 36,177  |
| Signate          | ure / h  | Date 4/22/01  |

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PTO/SB/17 (12/99)

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## FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

(\$)355.00 TOTAL AMOUNT OF PAYMENT

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|---|---------------------------------------|--|--|--|--|
|   | Complete if Known                     |  |  |  |  |
|   | Application Number   Not Assigned Yet |  |  |  |  |
| ı | Filing Date                           | April 23, 2001   |  |  |  |
|   | First Named Inventor                  | Goldman, et al.  |  |  |  |
|   | Examiner Name                         | Not Assigned Yet   |  |  |  |
|   | Group / Art Unit                      | Not Assigned Yet   |  |  |  |
|   | Attorney Docket No.                   | VNUS-57470   |  |  |  |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued) |                           |            |                |                                       |                  |              |             |
|--|-----------------------------|---------------------------|------------|----------------|---------------------------------------|------------------|--------------|-------------|
| 1. The Commissioner is hereby authorized to charge   | 3. ADDITIONAL FEES          |                           |            |                |                                       |                  |              |             |
| indicated fees and credit any overpayments to:   | Larg                        | Large Entity Small Entity |            |                |                                       |                  |              |             |
| Deposit Account 06.2425  | Cod                         |                           | Cod        | Fee<br>le (\$) | Fee I                                 | Description      | 1            | Fee Paid    |
| Account Number 06-2425   | 105                         | 130                       | 205        | 65             | Surcharge - late f                    | filing fee or o  | ath          | 0.00        |
| Deposit  | 127                         | 50                        | 227        | 25             | Surcharge - late                      | provisional fili | ing fee or   | 0.00        |
| Account   Fulwider Patton  |                             |                           |            |                | cover sheet.                          |                  |              |             |
|  | 139                         | 130                       | 139        | 130            | Non-English spec                      | cification       |              | 0.00        |
| Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17   | 147                         | 2,520                     | 147        | 2,520          | For filing a reque                    | st for reexan    | nination     | 0.00        |
| 2 December 5 sets and  | 112                         | 920°                      | 112        | 920*           | Requesting public<br>Examiner action  | 0.00             |              |             |
| 2. X Payment Enclosed: X Check Order Other   | 113                         | 1,840*                    | 113        | 1,840          | Requesting public                     | cation of SIR    | after        | 0.00        |
| Older C  |                             | 440                       | 245        | 55             | Examiner action<br>Extension for repl | 0.00             |              |             |
| FEE CALCULATION  | 115<br>116                  | 110<br>380                | 215<br>216 | 55<br>190      | Extension for repl                    | •                |              | 0.00        |
| 1. BASIC FILING FEE  | 117                         | 870                       | 217        | 435            | Extension for rep                     | •                |              | 0.00        |
| Large Entity Small Entity Fee Fee Fee Fee Description  | 118                         |                           | 217        | 680            | Extension for rep                     | •                |              | 0.00        |
| Code (\$) Code (\$) Fee Paid   |                             | -                         |            |                | Extension for rep                     | •                |              | 0.00        |
| 101 690 201 345 Utility filing fee 355.00  | 128                         | •                         | 228        |                | Notice of Appeal                      | iy widiin mai    | ilional      | 0.00        |
| 106 310 206 155 Design filing fee  | 119                         | 300                       | 219        | 150            | Filing a brief in su                  | mont of an a     | anneal       | 0.00        |
| 107 480 207 240 Plant filing fee   | 120                         | 300                       | 220        | 150            | Request for oral                      | • •              | аррсан       | 0.00        |
| 108 690 208 345 Reissue filing fee   | 121                         | 260                       | 221        |                | Petition to institute                 | •                | e proceeding | 0.00        |
| 114 150 214 75 Provisional filing fee  | 138                         | 1,510                     |            | 1,510<br>55    | Petition to revive                    | •                |              | 0.00        |
| SUBTOTAL (1) (\$) 355.00   | 140<br>141                  | 110<br>1,210              | 240<br>241 | 605            | Petition to revive                    |                  |              | 0.00        |
| 2. EXTRA CLAIM FEES  | 1                           | 1,210                     | 242        | 605            | Utility issue fee (d                  |                  |              | 0.00        |
| Fee from   | 143                         | 430                       | 243        | 215            | Design Issue fee                      | •                |              | 0.00        |
| Extra Claims below Fee Paid  Total Claims 10 -20** = 0 X 9 = 0   | 144                         | 580                       | 244        | 290            | Plant issue fee                       |                  |              | 0.00        |
| Independent 2 - 3** = 0 × 40 = 0   | 122                         | 130                       | 122        | 130            | Petitions to the C                    | Commissioner     |              | 0.00        |
| Multiple Dependent   | 123                         | 50                        | 123        | 50             | Petitions related to                  |                  |              |             |
| **or number previously paid, if greater, For Reissues, see below   | 126                         | 240                       | 126        | 240            | Submission of In                      | •                | • •          | 0.00        |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description  | 581                         | 40                        | 581        | 40             |                                       |                  |              | 0.00        |
| Fee Fee Fee Fee Description Code (\$) Code (\$)  |                             |                           |            |                | Recording each property (times n      |                  |              | 0.00        |
| 103 18 203 9 Claims in excess of 20  | 146                         | 690                       | 246        | 345            | Filing a submissi                     | on after final   |              |             |
| 102 78 202 39 Independent claims in excess of 3  | 149                         | 690                       | 249        | 345            | (37 CFR § 1.129<br>For each addition  |                  | to bo        | 0.00        |
| 104 260 204 130 Multiple dependent claim, if not paid  |                             |                           |            |                | examined (37 CF                       |                  |              | 0.00        |
| 109 78 209 39 ** Relssue Independent claims over original patent   | Other                       | fee (sn                   | ecify      | 1              |                                       |                  |              |             |
| 110 18 210 9 ** Reissue claims in excess of 20   |                             | Other fee (specify)       |            |                |                                       |                  |              |             |
| and over original patent   | Other                       | fee (sp                   | ecify      | · —            |                                       |                  |              | 0.00        |
| SUBTOTAL (2) (\$) 0 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)   |                             |                           |            |                |                                       |                  |              |             |
| SUBMITTED BY Complete (if applicable)  |                             |                           |            |                |                                       |                  |              |             |
| Name (Print/Type) James Juo / Registration No. (Attorney/Agent) 36,177 Telephone 310-824=5555  |                             |                           |            |                |                                       |                  |              |             |
| Steedure State Sta |                             | (Attorne                  | y/Age      | nt)            | 50,1//                                |                  |              | <del></del> |
| Signature  |                             |                           |            | •              |                                       | Date             | 4/23         | 101         |

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